



Memo Date: December 10, 2018
Memo Topic: Emergency Reporting Templates (Updated)
To: Medicare-Medicaid Plans (MMPs)
From: Dustin Welch, MHA – Program Manager I (dustin.welch@scdhhs.gov) South Carolina Department of Health and Human Services (SCDHHS)

Please be advised that MMP Emergency Response Report template has been updated based on recent feedback. The detailed member report template remains the same.

During a declared emergency or disaster, the MS Word emergency response report should be updated weekly. MMPs must summarize their response actions and the impacts on members, staff, and operations. Serious Reportable Events should be included in the "Issues (Not Member Specific)" section. The High-Risk members section has been clarified in the updated template to include all High Risk members.

During each declared emergency and disaster, please complete and email this written report within one (1) day of the declaration and weekly until notified otherwise. No member-specific details should be included. In addition, please send a daily status email update to include significant issues that should not wait to be reported. The emails and reports should be sent to the Healthy Connections Prime mailbox (prime@scdhhs.gov), Dustin Welch (Dustin.Welch@scdhhs.gov), and Nicole Ball (Nicole.Ball@cms.hhs.gov).

The first two pages of this template can be seen below.

BETTER CARE. BETTER VALUE. BETTER HEALTH. MMP EMERGENCY RESPONSE REPORT

Hurricane [Name]: MMP Emergency Response Report

MMP Name:
 Report for Week Starting:

Instructions: During each declared emergency and disaster, please complete and email this written report within one (1) day of the declaration and weekly until notified otherwise. In addition, please send a daily status email update to include significant issues that should not wait to be reported. The emails and reports should be sent to the Healthy Connections Prime mailbox (prime@scdhhs.gov), Dustin Welch (Dustin.Welch@scdhhs.gov), and Tara Foley (Tara.Foley@cms.hhs.gov).

I. Member Impact

| Activity | Status Update |
|---|---------------|
| (Start each update on a new line, preceded by date of update) | |
| Activate MMP's emergency action plan | |
| Part D access: (Lift refill-toosoon edits, relax prior authorizations for out-of-network providers) | |
| Outreach to high risk members | |
| Implement website updates (optional) | |
| Other (access to community resources, media updates, etc.) (optional) | |

II. Staffing Impact

| Staff Area | Status Update |
|---|---------------|
| (Start each update on a new line, preceded by date of update. Only provide an update if there is a status change. Report any significant changes in call volume.) | |
| Call Center Operations | |
| Care Coordination | |
| Other Staff | |

III. Issues (Not Member-Specific)
 Include Serious Reportable Events and barriers to access. Do not include any PHI/PII.

| Date of Issue | Description and Updates |
|---|-------------------------|
| (Start each update on a new line, preceded by date of update) | |
| | |

¹ Refer to [HHS memo dated September 29, 2017](#)
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BETTER CARE. BETTER VALUE. BETTER HEALTH. MMP EMERGENCY RESPONSE REPORT

IV. High Risk Members Evacuated or Sheltered in Place

Note: Details by member should be included in the separate Excel report and should be emailed only to the Healthy Connections Prime mailbox (prime@scdhhs.gov) and Tara Foley (Tara.Foley@cms.hhs.gov).

| Date of Report | Category | Number Attempted to Reach (for Reporting Time Period) | Number Attempted to Reach But Were Unable to Reach (for Reporting Time Period) | Current Number Still Evacuated (as of Date of Report) | Comments |
|----------------|-----------------------------|---|--|---|----------|
| | Waiver | | | | |
| | Medicaid-covered NF members | | | | |
| | Medicare-covered NF members | | | | |
| | All other | | | | |
| | Waiver | | | | |
| | Medicaid-covered NF members | | | | |
| | Medicare-covered NF members | | | | |
| | All other | | | | |
| | Waiver | | | | |
| | Medicaid-covered NF members | | | | |
| | Medicare-covered NF members | | | | |
| | All other | | | | |
| | Waiver | | | | |
| | Medicaid-covered NF members | | | | |
| | Medicare-covered NF members | | | | |
| | All other | | | | |

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The second report template, as MS Excel detailed member report, contains two worksheets that capture the status update on all high-risk non-waiver and non-nursing facility members who are evacuated or shelter in place for each week of the emergency.

This detailed report with member-specific information should be emailed weekly **only** to the Connections Prime mailbox (prime@scdhhs.gov). A picture of these two worksheets can be seen below.

Healthy Connections Prime
[Emergency Name]: Evacuated High Risk Members (Non Waiver, Non Medicaid-related Nursing Facility Stay)
[MMP Name]

Instructions: Complete each chart with the status update for each week during the emergency. The first status update will be for the date the member was added.
 Only include narrative data and information on members who are not enrolled in a waiver and who are not residing in a nursing facility. MMPs should, however, report on members in a nursing facility under a Medicare skilled stay.
 Note: This file should be emailed only to Teeshia Curtis (CurtisT@scdhhs.gov), Dustin Welch (dustin.welch@scdhhs.gov), and Tawanna Nichols (tawanna.nichols@scdhhs.gov).

| Member ID | Date of Evacuation | Evacuation Location | County | Evacuation Location Contact Information | Date Returned Home or to Facility | Status Update (Enter Date of Report) | | | | | |
|-----------|--------------------|---------------------|--------|---|-----------------------------------|--------------------------------------|----------|-----------|-----------|-----------|----------|
| | | | | | | 1/1/2018 | 1/8/2018 | 1/15/2018 | 1/22/2018 | 1/29/2018 | 2/5/2018 |
| | | | | | | | | | | | |

Healthy Connections Prime
[Emergency Name]: High Risk Members Who Shelter in Place (Non Waiver, Non Medicaid-related Nursing Facility Stay)
[MMP Name]

Instructions: Complete each chart with the status update for each week during the emergency. The first status update will be for the date the member was added.
 Only include narrative data and information on members who are not enrolled in a waiver and who are not residing in a nursing facility. MMPs should, however, report on members in a nursing facility under a Medicare skilled stay.
 Please also include information on any safety concerns for members who opt to shelter in place (e.g., inadequate food and water, no access to medication).
 Note: This file should be emailed only to Teeshia Curtis (CurtisT@scdhhs.gov), Dustin Welch (dustin.welch@scdhhs.gov), and Tawanna Nichols (tawanna.nichols@scdhhs.gov).

| Member ID | Date of Contact | Safety Concerns | Status Update (Enter Date of Report) | | | | | | |
|-----------|-----------------|-----------------|--------------------------------------|----------|-----------|-----------|-----------|----------|--|
| | | | 1/1/2018 | 1/8/2018 | 1/15/2018 | 1/22/2018 | 1/29/2018 | 2/5/2018 | |
| | | | | | | | | | |

Contact Information

For questions or additional guidance, please contact:

- **Dustin Welch, MHA** – Program Manager I (dustin.welch@scdhhs.gov)
 South Carolina Department of Health and Human Services (SCDHHS)